

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90053 005 ***150.00

DOCUMENT # P96000097657 1. Entity Name MITCHWOOD, INC.			
Principal Place of Business 5000 GULF BLVD. APT 102 ST PETERSBURG BEACH, FL 33706		Mailing Address 5000 GULF BLVD. APT 102 ST PETERSBURG BEACH, FL 33706	
2. Principal Place of Business 5960 S GARCIA RL Suite, Apt. #, etc.		3. Mailing Address 5960 S GARCIA RL Suite, Apt. #, etc.	
City & State HOMOSASSA FL Zip 34448		City & State HOMOSASSA FL Zip 34448	
Country USA		Country USA	
4. FEI Number 59-3418829		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, THOMAS 5000 GULF BLVD. APT 102 ST PETERSBURG BEACH, FL 33706		7. Name and Address of New Registered Agent Name MITCHELL THOMAS Street Address (P.O. Box Number is Not Acceptable) 5960 S GARCIA Rd City HOMOSASSA FL Zip Code 34448	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Thomas Mitchell</i></u> (NOTE: Registered Agent signature required when reappointing) 1/24/5			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MITCHELL, THOMAS 5000 GULF BLVD APT. 102 ST PETERSBURG BEACH, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D MITCHELL THOMAS 5960 S. GARCIA RL HOMOSASSA FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Thomas Mitchell</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/24/4 Date	

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